



BANK DEPOSIT AUTHORIZATION

I hereby authorize the City of Salisbury to credit my bank account as indicated below for my payroll check and any reimbursements through accounts payable. This authority is to remain in full force and effect until the City of Salisbury has received written notification from me or my assigns of its termination in such time and in such a manner as to afford the City a reasonable opportunity to act on it.

Below is a voided check or a savings slip from my bank account

(Attach your voided check or savings slip here)

Employee Name (Print _____) Employee# _____

Employee Signature _____ Date _____

Please check one:

Checking ☐

Savings ☐

CITY OF SALISBURY
P.O. BOX 479, SALISBURY, NC 28145-0479